

ERIE COUNTY CLERK'S OFFICE
PISTOL PERMIT DEPARTMENT



To Submit Completed Application
Schedule an Appointment
On-Line at: erie.gov/clerk
[716.858.8785 (option #3)]

COUNTY OF ERIE

Michael P. Kearns

Erie County Clerk

PISTOL PERMIT DEPARTMENT

PLEASE READ **MANDATORY** INSTRUCTIONS CAREFULLY
AND COMPLETE **ALL** STEPS BEFORE SUBMITTING APPLICATION IN PERSON
Failure to do so may result in the delay of, or inability to accept your application.

- 1.) **USE BLACK INK ONLY - PLEASE TYPE OR PRINT.** Your phone number must be listed on the upper left hand corner of the enclosed two (2) State Applications (PPB-3) and they must be completed and submitted WITH ORIGINAL SIGNATURES. No Copies. The spaces indicating LICENSE NUMBER, COUNTY ISSUE, CODE, DATE OF ISSUE AND NYSID NUMBER ARE **TO BE LEFT BLANK**. Beginning with your last name, **FILL IN ALL THE INFORMATION requested.**
- 2.) Applicants **must** have instructions in the safe handling of firearms (specifically pistols) from a certified instructor, and **proof of such training must be submitted with the application.** A DD-214 can be used in place of a course only if it states firearms training/qualification. Law Enforcement **must** provide government issued ID and recent proof of current qualification.
- 3.) The applicant's signature **MUST be ACKNOWLEDGED ON ALL FORMS**, by either a Notary Public or Commissioner of Deeds. The **Jurat** is for the Notary Public or Commissioner of Deeds signature. All applicants must complete the Affidavit. **This portion of the form must also be notarized.**
- 4.) Applicants must be twenty-one (**21**) years of age. Immigration documentation is required for non-citizen applicants. For U.S. Citizens born outside of the United States, proof of citizenship must be provided.
- 5.) **ALL REFERENCES MUST LIVE IN ERIE COUNTY and MUST sign BOTH State Applications. In addition, your four (4) character references may need to live in your city, town, or village; unless prior written approval is obtained from your local Police Agency and such approval must be with your application. Verify reference residency requirements with the Police agency of your physical residence (Not mailing address).**
- 6.) If you are requesting **Unrestricted/Personal Protection**, you must **STATE IN DETAIL YOUR NEED FOR SUCH PROTECTION.** (item 4 of Affidavit) If more space is needed please submit information typed on a separate sheet.
- 7.) If you are requesting **Business Protection** (section 4 of affidavit), you must **STATE IN DETAIL YOUR NEED FOR SUCH PROTECTION.** If you are the owner of a business, please submit a copy of your **corporate minutes** indicating your position with the business, **DBA or Business Certificate.** If you are applying for a license in connection with present or proposed employment, you must submit a letter from your employer on company letterhead or a notarized letter from your employer verifying both your employment and the need for you to carry a weapon as part of your employ.
- 8.) **IF YOU HAVE EVER BEEN ARRESTED, OR CHARGED FOR ANY OFFENSE EXCEPT MINOR TRAFFIC INFRACTIONS (SPEEDING OR STOP SIGNS) YOU MUST SUBMIT A CERTIFICATE OF DISPOSITION FOR EACH ARREST WITH YOUR APPLICATION.** Certificates of Disposition can be obtained from the **Court** where your case was heard. **YOUR FAILURE TO DISCLOSE ANY CRIMINAL CHARGE, EVEN IF DISMISSED AND SEALED, WILL BE SUFFICIENT CAUSE TO DENY THIS APPLICATION.**
- 9.) Two (2) photographs 2x2 inches (passport style) black & white or color must be included in the completed application prior to submission. **NO MACHINE OR AMATEUR PHOTOGRAPHS** will be accepted. **PLEASE PRINT YOUR NAME ON THE BACK OF EACH PICTURE.** Pictures are available for a \$10.00 fee in the County Clerk's Administrative Office (next door to Pistol Department)
- 10.) A **NYS** drivers or non-drivers ID is **required** at the time of application and the name **MUST BE CURRENT.**
- 11.) Do **NOT** have fingerprints done prior to submitting application.
- 12.) To submit completed application along with a **NON-REFUNDABLE** \$20.00 permit processing fee payable by cash, check, money order, or credit payment* (*additional charges apply) to Old Erie County Hall 92 Franklin St. Buffalo NY 14202 You **MUST** call **858-8785 (option #5)** to schedule an appointment to submit your application in person.

STATE of NEW YORK

COUNTY OF ERIE

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SS:

AFFIDAVIT

PLEASE complete all items.

I, _____, being duly sworn, depose and say:

(Print name in full)

1.) I reside at _____

(Street address, City/Town, State, Zip code)

2.) I am a citizen of the _____

(United States) or (Name of Country)

If not a citizen, please provide a copy of your Passport, Green Card / Permanent Resident Card and valid New York State Driver's License.

3.) I am requesting a pistol permit for the following reason(s): ☐ Target & Hunting ☐ Unrestricted/Personal Protection

☐ Business Protection

Business Name: _____

☐ Owner

☐ Employee

4.) I am requesting the above pistol permit for the following reason(s): (Please provide DETAILED explanation) _____

5.) I [am] [am not] an active dues-paying member of _____, a bona fide gun club.

(Name of gun club, or N/A)

The extent of my activity with the club is _____

(Member, Officer, Committee)

6.) My prior experience or training with weapons, such as military services, gun clubs, hunting, etc. is _____

7.) My weapon(s) is/are or will be kept _____

(Explain how or where your weapon(s) will be stored or kept at your home or place of business.)

8.) There are _____ children residing in my home or place of residence.

(Number)

9.) I [am] [am not] currently receiving treatment for any mental illness? If so, state the nature of your mental illness: _____

10.) I [have] [do not have] any physical or visual Impairment? (Exclude corrective visual aids, such as glasses.) If yes, please

explain: _____

11.) I [have been / am] [have not ever been] named as a respondent / petitioner in an Order of Protection. If yes, provide the name of the Court of issuance, date of issue and circumstances surrounding the issuance of the Order of Protection: _____

Sworn to and subscribed before me this
_____ day of _____, 20_____.

(Signature of Applicant)

(Notary Public or Commissioner of Deeds)

Applicant Information

Cell Phone#: _____ Home Phone#: _____

E-Mail Address: _____

Applicant's Name: _____

Address: _____

Mailing Address (if different): _____

Country of Birth: _____

Any additional Last names you were known by: _____

Character References - Please note that **no references** may be a relative of the applicant or an employee of the Erie County Sheriff's Department.

NAME: _____ Maiden Name: _____

Address: _____

Home Phone#: _____ Cell Phone#: _____

Work Phone#: _____ Date of Birth: _____

NAME: _____ Maiden Name: _____

Address: _____

Home Phone#: _____ Cell Phone#: _____

Work Phone#: _____ Date of Birth: _____

NAME: _____ Maiden Name: _____

Address: _____

Home Phone#: _____ Cell Phone#: _____

Work Phone#: _____ Date of Birth: _____

NAME: _____ Maiden Name: _____

Address: _____

Home Phone#: _____ Cell Phone#: _____

Work Phone#: _____ Date of Birth: _____

PERSONAL INFORMATION REGARDING APPLICANT
(Information Concerning Applicant to Be Completed by Investigating Officer)

NAME: _____ Date Interviewed: _____

Investigating Officer (print name): _____

Date of birth: _____ Place of birth: _____

Present Address: _____

Former Address: _____

Employer/Employer Address: _____

How long have you been employed by current employer? _____ Job Title: _____

Former Employer/Employer Address: _____

1.) Children: Living/using area where handgun will be stored, kept or used? YES NO Ages: _____

2.) Do you currently own or possess any rifles, shotguns, long bows or cross bows, etc? YES NO If yes, how and where are they stored? _____

3.) Do you consume alcoholic beverages? (If so, provide the type of alcoholic drink and how often you consume alcohol.) _____

Has drinking ever been a problem for you? If yes, please explain: _____

4.) Have you used any illegal drugs or abused any type of prescription drugs? If so, provide the name of the illegal drug and date of last use, and furnish the name of the prescription drug you abused, date last used and prescribing doctor: _____

5.) Do you have any personal, mental or emotional problem which could cause you to act in any manner which would be a threat to public safety if you were armed? YES NO If yes, explain: _____

6.) Reason for Permit: _____

7.) Police Record: _____

8.) Additional Information: _____